



ANNUAL AFFIDAVIT OF ELIGIBILITY

Certification: DBE___ MBE___ WBE___ ACDBE___

Name of Business: _____

Owners & Ownership Percentages: _____

Physical Address (Street/City/State/Zip): _____

Mailing Address: _____

Email Address: _____ Webpage: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

NAICS Codes: _____ No. of Employees: _____

INITIAL ALL THAT APPLY:

- _____ There have been no changes in ownership or control in the past year.
_____ I am currently certified for the applicable programs in my home state.
_____ The business remains within the SBA size standard for the listed NAICS Codes.
_____ The Personal Net Worth (PNW) of all qualifying owners is less than \$1.32 million.

Additional information:

*****Attach supplemental documentation to show any changes listed***

*****Attach a copy of the firm's completed federal tax return for the previous year OR copy of extension***

I swear the statements above are true and correct. I agree to permit the audit and examination of books, records and files of myself and the firm. I understand any material misrepresentation is grounds for perjury and subsequent sanctions or prosecution.

Majority Owner Name & Title (print)

Majority Owner Signature

Date

NOTARY CERTIFICATE & SEAL REQUIRED

State of: _____ County of: _____

The foregoing instrument was subscribed
and sworn before me on this _____ day of
_____, 20____.

Notary Public Signature

Notary Seal